MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

12510

Reg. Dist. No. 9W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH**
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main St

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New Windsor
STREET ADDRESS (If rural, give location): Main Street

**3. NAME OF DECEASED (Type or Print):** (First) John (Middle) Smith (Last) Baile

**4. DATE OF DEATH:** (Month) March (Day) 5 (Year) 1949

**5. SEX:** male

**6. COLOR OR RACE:** white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** married

**8. DATE OF BIRTH:** Dec 6 1880

**9. AGE last birthday:** 68 yrs. If under 1 year: Months: 2 Days: 27 If under 24 hrs.: Hours: Min.:

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):** retired banker

**10b. KIND OF BUSINESS OR INDUSTRY:** banker

**11. BIRTHPLACE (State or foreign country):** Carroll County - Md

**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** Nathan H Baile

**14. MOTHER'S MAIDEN NAME:** Mary Smith

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)** (If year, give war or dates of service):

**16. SOCIAL SECURITY NO.:** none

**17. INFORMANT:** Ethel Z J Baile

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 days

420.1 94a

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriasclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify):**

**PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):** (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY (Month) (Day) (Year) (Hour) m.:**

**INJURY OCCURRED While at Work ☐ Not While At work ☐**

**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Sept., 1948, to 3/5, 1949, that I last saw the deceased alive on 3/5, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Merritt E. Robertson | M.D. | New Windsor Md | 3/5/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Cremation | 3/7/49 | Fort Lincoln | Washington D.C. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar 6-1949 | Chas L Bucket | H. H. Hartzler & Sons | Union Bridge & New Windsor, Md |

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02511

# CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) L. (Last) BARNES

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar. 31-1875
9. AGE last birthday: 73 yrs. If under 1 year: Months 11 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Not Known
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Not (If yes, give war or dates of service) Known
16. SOCIAL SECURITY No.: Not Known
17. INFORMANT: Mrs. Marshall Nusbaum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Arteriosclerotic Cardio-Vascular Disease | 10 yrs. |
| 422.1 Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1948, to 3/5, 1949, that I last saw the deceased alive on 3/5, 1949, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE: Merritt E. Robertson (Degree or title) M.D. ADDRESS: New Windsor, Md DATE SIGNED: 3/5/49

23. BURIAL, CREMATION REMOVAL (Specify): Bur.
DATE: March 7/1949
NAME OF CEMETERY OR CREMATORY: Stone Chapel Cemetery
LOCATION (City, town, or county): New Windsor (State): Rural

DATE REC'D BY LOCAL REG.: March 6-1949
REGISTRAR'S SIGNATURE: Eisen Bushell
24. FUNERAL DIRECTOR: D. D. Hartzler & Sons ADDRESS: Union Bridge & New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02512

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 56 BISHOP ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER
STREET ADDRESS (If rural, give location): 56 BISHOP ST.

3. NAME OF DECEASED (Type or Print): (First) NOAH (Middle) CALVIN (Last) BARNES

4. DATE OF DEATH: (Month) MAR. (Day) 26 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 4 1865

9. AGE last birthday: 83 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BLACKSMITH

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: NOT KNOWN

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS NOAH C. BARNES

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) acute Cardiac Decompensation | 1 hr |
| Antecedent cause(s) 592 | (b) Chronic Myocarditis | 2 yrs |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1310 | (c) Chronic Interstitial Nephritis | 1 yr |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Arteriosclerosis | 8 yrs |

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1 1948, to Mar. 26, 1949, that I last saw the deceased alive on Mar 25, 1949, and that death occurred at 12.30 a m., from the causes and on the date stated above.

SIGNATURE: Chas R Fout — (Degree or title): MD — ADDRESS: Westminster Md — DATE SIGNED: 3-27-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: MAR. 29. 1949 — NAME OF CEMETERY OR CREMATORY: WESTMINSTER CEM. — LOCATION (City, town, or county): WESTMINSTER — (State): MD.

DATE RECD BY LOCAL REG. 3/28/49 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: J. FRANCIS REESE — ADDRESS: WESTMINSTER, MD.

RECEIVED
MAR 30 1949
BUREAU V. S.

02513

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 7 mos., 28 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-17 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim | STREET ADDRESS (If rural, give location) 1316-Fremont Ave., |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) ALBERT (Middle) (Last) BLYDEN | | | 4. DATE OF DEATH (Month) Mar., (Day) 22, (Year) 1949 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep., | 8. DATE OF BIRTH Jan., 2, 1896 | 9. AGE last birthday 53 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) St. Thomas, Virgin Islands | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME Antini Blyden | | | 14. MOTHER'S MAIDEN NAME Frances (Unknown) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 218-10-2599 | | 17. INFORMANT Deceased | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | Mar. 1947 |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from July 23, 1948, to Mar., 22, 1949, that I last saw the deceased alive on Mar., 22, 1949, and that death occurred at 2:22 P. m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Reuben Hoffman, M.D. | Henryton, Maryland | 3/22/49 |

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE Mar. 26, 1949 | NAME OF CEMETERY OR CREMATORY Mt Auburn | LOCATION (City, town, or county) Baltimore City | (State) Md |
| DATE REC'D BY LOCAL REG. 3/22/49 | REGISTRAR'S SIGNATURE Albert R. Swankham | 24. FUNERAL DIRECTOR Geo. G. Kelson | ADDRESS 1323 Presstman St. | |

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02514

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester (Rural) LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester (Rural)
STREET ADDRESS ✓ (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HILDA (Middle) E (Last) BOERNER

4. DATE OF DEATH (Month) Mar (Day) 17 (Year) 1949

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Dec 12-1903 | 9. AGE last birthday 45 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY ✓ | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME E. Manassa Reed | 14. MOTHER'S MAIDEN NAME Mary G Lippy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No | 16. SOCIAL SECURITY NO. ✓ | 17. INFORMANT George F. Boerner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinoma Ptosis — INTERVAL BETWEEN ONSET AND DEATH 3 mos. ~~2 yrs~~

153 Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the Colon (Primary)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Jan 15, 48 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1948, to Mch 17, 1949, that I last saw the deceased alive on Mch 16, 1949, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE Edgar M. Bush (Degree or title) M.D. ADDRESS Hampstead Md DATE SIGNED 3/17/1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar 19/49 | NAME OF CEMETERY OR CREMATORY Snydersburg | LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. March 18/49 | REGISTRAR'S SIGNATURE Mrs. H. R. S. Dennee | 24. FUNERAL DIRECTOR Edw C. Tipton ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 21 1949
BUREAU V. S.

02515

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 76

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Carroll |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber — LENGTH OF STAY (in this place) 6 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) Rural-- Finksburg |

| | |
|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) JOHN OLIVER (Middle) BUCKINGHAM (Last) | 4. DATE OF DEATH (Month) March (Day) 12, (Year) 1949 |
| 5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 4-2-1883 — 9. AGE last birthday 65 yrs. If under 1 year Months. Days — If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming — 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Nelson Reid Buckingham | 14. MOTHER'S MAIDEN NAME Sarah A. Deckenbaugh |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) — 16. SOCIAL SECURITY No. None | 17. INFORMANT Mrs. Nellie V. Buckingham |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Hemorrhage — Postmortem

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — First saw him 5 yrs ago

(c) Pulmonary Tuberculosis

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ — | HOW DID INJURY OCCUR? — |

22. I hereby certify that I attended the deceased from Apr., 1944, to 3-11, 1949, that I last saw the deceased alive on Mar. 10, 1949, and that death occurred at 11 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J. L. Billingslea M.D. — Westminster, Md.

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE 3-15-1949 | NAME OF CEMETERY OR CREMATORY Ebenezer | LOCATION (City, town, or county) (State) Winfield, Carroll Co. Md. |
| DATE REC'D BY LOCAL REG. 3/13/49 | REGISTRAR'S SIGNATURE H. Woodward | 24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02516

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ?; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ?
STREET ADDRESS ? (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Michael; (Middle) J.; (Last) Clancey

4. DATE OF DEATH: (Month) March; (Day) 3; (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: ?

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew Clancey

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service) –

16. SOCIAL SECURITY NO.: –

17. INFORMANT: Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis, myocardial degeneration — Interval Between Onset and Death: for many years

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostata gland hypertrophy

(c) Dementia praecox, catatonic type — for about 48 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: –

19b. MAJOR FINDINGS OF OPERATION: –

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): –

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: –

(CITY OR TOWN) –

(COUNTY) –

(STATE)

TIME OF INJURY (Month) – (Day) – (Year) – (Hour) – m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? –

22. I hereby certify that I attended the deceased from Sept. 1, 19 47, to March 3, 19 49, that I last saw the deceased alive on March 3, 19 49, and that death occurred at 9 45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Martin Gross M.D. Sykesville, Md. 3-3-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Mar 9 1949

NAME OF CEMETERY OR CREMATORY: Springfield Hospital Cem.

LOCATION (City, town, or county) (State): Sykesville Md.

DATE REC'D BY LOCAL REG.: Mar. 9, 1949

REGISTRAR'S SIGNATURE: Harry Keen

24. FUNERAL DIRECTOR: Harry Keen, Sykesville

ADDRESS: Md.

RECEIVED
MAR 10 1949
BUREAU V. S.

RECEIVED
1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02517

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton,
LENGTH OF STAY (in this place): 4yrs. 4mos 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton,
STREET ADDRESS (If rural, give location):

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| MARY | FRANCES | COPPER | Mar., | 22, | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | Negro | Single | May 20, 1917 | 31 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Domestic | | Chapel, Maryland | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Louis Copper | Bessie Green |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|
| | | Deceased |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | Feb., 1941 |
| Antecedent cause(s) | (b) | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from Oct., 30 1944 to Mar., 22 1949, that I last saw the deceased alive on Mar., 22, 1949, and that death occurred at 11: P. m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Reuben Hoffman, M.D. | Henryton, Md. | 3/22/49 |

| 23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 3-27-49 | Chapel. Md. | Easton Talbot | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/22/49 | Albert R. Smallwood Deputy Local | Earl W. Stafford | Easton Md |

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02518

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (in this place) 10 2 mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg Co

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel 8.6.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Abbey (Middle) Maretta (Last) Cox

4. DATE OF DEATH (Month) Mar (Day) 21 (Year) 1949

5. SEX J | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single | 8. DATE OF BIRTH Dec 31-1939 | 9. AGE last birthday 39 yrs. | If under 1 year: Months 2, Days 17 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dependent | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Washington, D.C. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Russell Maretta Cox | 14. MOTHER'S MAIDEN NAME Mamie Milburn Donaldson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs Mamie Hughes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Status Epilepticus — INTERVAL BETWEEN ONSET AND DEATH: 2 da

353.2

Antecedent cause(s)

85

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epilepsy — 26 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1939, to Mar 21, 1949, that I last saw the deceased alive on Mar 21, 1949, and that death occurred at 8-10 P m., from the causes and on the date stated above.

SIGNATURE M H Mastin (Degree or title) M.D. ADDRESS Sykesville Md DATE SIGNED 3/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE Mar 23-49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Washington DC.

DATE REC'D BY LOCAL REG. Mar. 23, 1949 | REGISTRAR'S SIGNATURE C Harry Weer | 24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS Washington DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

7

RECEIVED
MAR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. ~~58~~ 02519

1. PLACE OF DEATH — COUNTY: Carroll Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middleburg — LENGTH OF STAY (in this place): 4 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middleburg
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Elizabeth (Last) Crowl
4. DATE OF DEATH: (Month) Mar (Day) 28 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 1886
9. AGE last birthday: 62 yrs. — If under 1 year: Months 3, Days 22 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Anthony Brady
14. MOTHER'S MAIDEN NAME: Caroline Kemler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Clinton Henry Crowl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

561.5 Immediate cause (a) Strangulated Hernia — 2 days

122a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hernia Refusal Hosp. — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 26, 1949, to Mar 28, 1949, that I last saw the deceased alive on 3/28, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE: J. H Legg M.D. (Degree or title) — ADDRESS: Union Bridge Md — DATE SIGNED: 3-28-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE: Apr 1-49 — NAME OF CEMETERY OR CREMATORY: Conowago — LOCATION (City, town, or county) (State): Conowago Pa

DATE REC'D BY LOCAL REG.: March 28, 1949 — REGISTRAR'S SIGNATURE: Leslie L. Repp — 24. FUNERAL DIRECTOR: Raymond K Wright — ADDRESS: Union Bridge. Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH BC

02520

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 4yrs.8mos.3days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-23- |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim, | STREET ADDRESS (If rural, give location) 414-N Carrollton Ave., ✓ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) MILFORD | (Middle) | (Last) DALE | 4. DATE OF DEATH | (Month) March (Day) 5, (Year) 1949 |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Aug., 27,1923 | 9. AGE last birthday 25 yrs. | If under 1 year Months. Days; If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Snow Hill, Md. | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. FATHER'S NAME Stewart Dale | | 14. MOTHER'S MAIDEN NAME Carrie Della Timbler | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 216-12-1652 | 17. INFORMANT Deceased | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Tuberculous Meingitis — 3 weeks

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — March,1944

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from June 30, 1944, to March 5, 1949, that I last saw the deceased alive on March 5, 1949, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Reuben Hoffman, M.D. | | Henryton, Md. | 3/5/49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial | DATE 3/8/49. | NAME OF CEMETERY OR CREMATORY Mt Calvery | LOCATION (City, town, or county) (State) Brookley Md. |
| DATE REC'D BY LOCAL REG. 3/5/49 | REGISTRAR'S SIGNATURE Albert R. Swanhham Deputy Local | 24. FUNERAL DIRECTOR Elroy O Wilson | ADDRESS 1000 Brantley Ave |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

D2521

# CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick ~~Carroll~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge Rural
STREET ADDRESS (If rural, give location) McKinstry's Mills

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) V (Last) Devilbiss

4. DATE OF DEATH (Month) March (Day) 20 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 31 - 1863
9. AGE last birthday 85 yrs. If under 1 year Months 1 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Adam A Devilbiss
14. MOTHER'S MAIDEN NAME Ann Marie Greenwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Grover C Devilbiss

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Dilitation of the Heart | 4 to 6 hrs |
| 422.1 Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Myocarditis & | years |
| | (c) arteriosclerosis | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1948, to Mar 18, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE T. H Legg MD (Degree or title) ADDRESS Union Bridge Md DATE SIGNED 3/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/22/49
NAME OF CEMETERY OR CREMATORY Greenwoods Cem.
LOCATION (City, town, or county) New Windsor R.D. Md (State)

DATE REC'D BY LOCAL REG. March 20 1949
REGISTRAR'S SIGNATURE Leslie L Repp
24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS Union Bridge & New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 77

02522

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead — LENGTH OF STAY (in this place): 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) EMORY — (Middle) J — (Last) EBAUGH, Jr.

4. DATE OF DEATH: (Month) Mar (Day) 26 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Mar 26/48

9. AGE last birthday: 1 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Emory J Ebaugh

14. MOTHER'S MAIDEN NAME: Pauline Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Emory J Ebaugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (b) Gangrene Buttocks | 1 wk. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (a) Trophic Ulcerations of Buttocks | 1 mo. |
| | (c) II Spinal Meningitis | 6-14-48 TO 7-11-48 |

455
98

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 14, 1948, to Mar. 26, 1949, that I last saw the deceased alive on Mch 25, 1949, and that death occurred at 3 P.M. m., from the causes and on the date stated above.

SIGNATURE: Joseph E Bush — (Degree or title): M.D. — ADDRESS: Hampstead Md — DATE SIGNED: 3/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar 28/49 — NAME OF CEMETERY OR CREMATORY: Shiloh Cem. — LOCATION (City, town, or county): Carroll Co (State): Md

DATE REC'D BY LOCAL REG.: March 27, 1949 — REGISTRAR'S SIGNATURE: John S. Hughes, Jr. — 24. FUNERAL DIRECTOR: Edwin C Tipton — ADDRESS: Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02523

# CERTIFICATE OF DEATH

Reg. Dist. No. 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylorsville | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylorsville
STREET ADDRESS (If rural, give location) Rural--Westminster

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E. (Last) FRANKLIN

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 19, 1880

9. AGE last birthday: 69 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan H. Franklin

14. MOTHER'S MAIDEN NAME: Martha Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs. Carrie S. Franklin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) acute cardiac decompensation | 8 hrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 592 1310 | (b) Chronic myocarditis | 2 yrs |
| | (c) arteriosclerosis & Chronic interstitial nephritis | 4 yrs 8 yrs 18 yrs |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1949, to Mar 27, 1949, that I last saw the deceased alive on 3-27, 1949, and that death occurred at 5.50 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Chas R Fogle MD ADDRESS Westminster DATE SIGNED Mch 29 1949

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE 3-30-1949 | NAME OF CEMETERY OR CREMATORY Kriders | LOCATION (City, town, or county) (State) Westminster, Maryland

DATE REC'D BY LOCAL REG. 3-28-1949 | REGISTRAR'S SIGNATURE E. M. Farver,

24. FUNERAL DIRECTOR ADDRESS C. M. Waltz, Winfield, Md.

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02524

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton,
   LENGTH OF STAY (in this place) 7mos. 4 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-9
   STREET ADDRESS (If rural, give location) 4664-Falls Road

3. NAME OF DECEASED (Type or Print): (First) LAMECH (Middle) (Last) FREY

4. DATE OF DEATH: (Month) Mar., (Day) 20, (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov., 3, 1897

9. AGE last birthday: 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Frey

14. MOTHER'S MAIDEN NAME: Viola Frey Ellen Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-10-1475

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002
13 b

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Dec., 1947

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 16, 1948, to Mar., 20 1949, that I last saw the deceased alive on Mar., 20, 1949, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Reuben Hoffman, M.D. Henryton, Md. 3/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-23-49 — NAME OF CEMETERY OR CREMATORY: White Rock, Cem. — LOCATION (City, town, or county) (State): Carroll, Md.

DATE REC'D BY LOCAL REG. 3/20/49 — REGISTRAR'S SIGNATURE: Albert R. Brookhart — 24. FUNERAL DIRECTOR ADDRESS: C. Harry Weir - Sykesville, Md.

Deputy Local

RECEIVED
MAR 24 1949
BUREAU V. S.

02525

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Dorchester |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 5 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim | STREET ADDRESS (If rural, give location) ✓ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) FREDDIE | (Middle) MAE | (Last) GILLIAM | 4. DATE OF DEATH | (Month) Mar., | (Day) 12, | (Year) 1949 |
| 5. SEX Female | 6. COLOR OR RACE Col., | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Aug., 2,1929 | 9. AGE last birthday 19 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Burnuick, Virginia | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13. FATHER'S NAME John Gilliam | | 14. MOTHER'S MAIDEN NAME Irene Gilliam | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 220-26-2120 | 17. INFORMANT Mrs. Irene Wilson (Mother) | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | July, 1948 |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Mar., 7, 1949, to Mar. 12, 1949, that I last saw the deceased alive on Mar. 12, 1949, and that death occurred at 8:40 A. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Reuben Hoffman, M.D. | | Henryton, Md. | 3/12/49 |

| 23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3/15/49 | Mt. Calvery Cem. | Brooklyn A.A. Co. Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/12/49 | Albert R Swankhouse Deputy Local | Elroy O. Wilson | 1000 Brantley Ave |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 16 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02526

# CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster — LENGTH OF STAY (in this place): 44 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 176 E. Main

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Md. — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 176 E. Main

**3. NAME OF DECEASED** (Type or Print): (First) Angil (Middle) Belle (Last) Gladhill

**4. DATE OF DEATH**: (Month) March (Day) 12 (Year) 1949

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify):

**8. DATE OF BIRTH**: 12/4/1859

**9. AGE** last birthday: 89 yrs. — If under 1 year: Months. 3 Days 8 — If under 24 hrs.: Hours — Min. —

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): none

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (State or foreign country): Md.

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: Isaac C. Forrest

**14. MOTHER'S MAIDEN NAME**: Diana Albaugh Forrest

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If year, give war or dates of service): no —

**16. SOCIAL SECURITY NO.**: none

**17. INFORMANT**: (Mrs.) Etta Stewart Young

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute Cardiac Decompensation | 10 hrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral Hemorrhage | 28 days |
| | (c) Arterio-Sclerosis | 8 years |

331
95C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify):

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.:

**INJURY OCCURRED** While at Work ☐ Not While At work ☐

**HOW DID INJURY OCCUR?**:

22. I hereby certify that I attended the deceased from Feby 13, 1949, to Mar 12, 1949, that I last saw the deceased alive on Mar. 11, 1949, and that death occurred at 5 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas. R. Fouts M.D. — ADDRESS: Westminster Md — DATE SIGNED: 3-12-49

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — **DATE**: 3-14-1949 — **NAME OF CEMETERY OR CREMATORY**: Bridge Cemetery — **LOCATION** (City, town, or county) (State): Westminster, Md.

**DATE REC'D BY LOCAL REG.**: 3/12/49 — **REGISTRAR'S SIGNATURE**:

**24. FUNERAL DIRECTOR** — **ADDRESS**: H. Bankard & Son, Westminster, Md.

RECEIVED
MAR 12 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02527

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL Sykesville, Md. — LENGTH OF STAY (in this place): 16 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hosp.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 3325 Frederick Ave ✓

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| HERMAN | | Grahl | March | 10 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | | 7 June 1888 | 60 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Barber | — | Bermuda | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Otto Grahl | unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| yes | U.S.N. 1910 | unknown | Records Springfield State Hosp |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Lobar Pneumonia - Right | 5 days |
| Antecedent cause(s) | (b) | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Psychosis with other brain or nervous disease; Encephalitis Lethargica | 17 yrs. |

490
108

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | — | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| None | — | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | — |

22. I hereby certify that I attended the deceased from 15 Sep., 1947, to 10 Mar., 1949, that I last saw the deceased alive on 10 Mar., 1949, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Martin Gross | M.D. | Springfield State Hosp | 10 Mar 49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 3-14-49 | St Pauls | Woodstock, Md. | |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar 10, 1949 | C. Harry Weer | Dill Bros. | 3109 Frederick Ave Balto. Md. |

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02528

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 12/19/47
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) --- 173 W. Patrick St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) HAHN, Sr.

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: 3/25/1880

9. AGE last birthday: 68 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam fitter

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward E. Hahn

14. MOTHER'S MAIDEN NAME: Frances Elizabeth Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unkn. — (If year, give war or dates of service): unkn.

16. SOCIAL SECURITY No.: 214-05-5094

17. INFORMANT: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491 Immediate cause (a) Bronchopneumonia — 6 days

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Korsakoff's psychosis — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---- | 19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---- | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---- (CITY OR TOWN) ---- (COUNTY) ---- (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ---- | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from March 29, 1948, to March 11, 1949, that I last saw the deceased alive on March 11, 1949, and that death occurred at 12:25 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M.D — ADDRESS Martin Gross, M. D. Sykesville, Maryland — DATE SIGNED 3/11/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3-14-49 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG. 3-12-49 | REGISTRAR'S SIGNATURE: C. Henry Weer | 24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison and Son, Frederick, Md

RECEIVED
MAR 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH DC 02529

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (In this place): 25 years, 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR: Baltimore
STREET ADDRESS (If rural give location): unknown ✓

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) (Last) Hahner

4. DATE OF DEATH: (Month) March (Day) 13, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Apr. 1882 unknown

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis and myocardial degeneration — 3 weeks

443 / 938 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arterial hypertension — 14 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia., paranoid type — about 27 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-42, to 3-13-49, that I last saw the deceased alive on 3-13-49, and that death occurred at 9.50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irene Hohman, M.D. ADDRESS: Springfield State Hospital DATE SIGNED: 3-13-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/21/49 — NAME OF CEMETERY OR CREMATORY: Springfield Hospital Cemetery — LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REG.: 3/21/49 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: C. Harry Weer — ADDRESS: Sykesville, Md.

RECEIVED
MAR 23 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02530

# CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. New Windsor
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dennings

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural New Windsor
STREET ADDRESS (If rural give location) Dennings

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) LAWRENCE (Last) HAINES

4. DATE OF DEATH (Month) March (Day) 7 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 16, 1903
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher
10b. KIND OF BUSINESS OR INDUSTRY Road Builders
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Thomas G. Haines
14. MOTHER'S MAIDEN NAME Annie L. Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 217-18-8541
17. INFORMANT Mrs Florence O Haines

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Minutes

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE James T Marsh, (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED Mar 7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-10-1949
NAME OF CEMETERY ~~OR CREMATORY~~ Sams Creek Brethren
LOCATION (City, town, or county) Dennings, Carroll Co. (State) Md.

DATE REC'D BY LOCAL REG. March 9/-1949
REGISTRAR'S SIGNATURE Orsie S Benedict
24. FUNERAL DIRECTOR C. M. Waltz ADDRESS Winfield Md.

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02531

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Eldersburg — LENGTH OF STAY (in this place) 49 years — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Carroll — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Eldersburg — STREET ADDRESS (If rural give location) Marriottsville R.D.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Ruth | Anna | Hammond | March | 1st | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Mln. |
|---|---|---|---|---|---|---|---|---|
| F. | W | Widowed | July 29, 1862 | 86 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| None | | Frederick Co. Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Charles C. Smith | Rebecca Griffith |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | None | Mr. Phillip Hammond |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Intestinal obstruction | |
| 570.5 Antecedent cause(s) | | |
| 122.8 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 2/26, 1949, to 3/1, 1949, that I last saw the deceased alive on 2/28, 1949, and that death occurred at 5 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Wm. E. Martin | | Randallstown Md | 3/1/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Buried | Mar. 3, 1949 | Springfield | Sykesville, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar. 2, 1949 | C. Harry Klee | C. Harry Klee | Sykesville, Md. |

RECEIVED
MAR 4 1949
BUREAU V. S.

Evidence for changing #18 on:

**MARYLAND STATE DEPARTMENT OF HEALTH** 02532

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

FILM No. G 120 APR 27 1949

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 6 years, 7 months | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital | STREET ADDRESS (If rural give location): 5216 Alhambra Avenue |

| | | | |
|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) (Last) Harrington | | 4. DATE OF DEATH (Month) (Day) (Year) March 17, 1949 | |
| 5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: 11-7-1900 |
| 9. AGE last birthday: 48 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME: Henry N. Albers | | 14. MOTHER'S MAIDEN NAME: Mary Gallagher | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service) | 16. SOCIAL SECURITY No.: unknown | 17. INFORMANT: hospital records | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage; - Pt. had a generalized convulsive seizure before death (4/26/49 OS) | 5 minutes |
| Antecedent cause(s) | (b) chronic alcoholism about | 9 years |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) underlying cause: Mitral heart disease with enlargement of left auricle and both ventricles known about | 6 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Psychosis with cardio-vascular disease | 7 years |

410

92 b

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 2-6-, 1943, to 3-17-, 1949, that I last saw the deceased alive on 3-16, 1949, and that death occurred at 10.45 p.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Irene Hitchman, M.D. | Springfield State Hospital | 3-17-49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE: 3/21/49 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Baltimore, Md. |
| DATE REC'D BY LOCAL REG.: 3/21/49 | REGISTRAR'S SIGNATURE: A. W. Hedrich | 24. FUNERAL DIRECTOR: C. Vernon Lemmon | ADDRESS: 4611 Park Heights, Balto. Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02533

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 76

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md COUNTY: Carroll |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pleasant Valley — LENGTH OF STAY (in this place): 40 years | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pleasant Valley |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: none | STREET ADDRESS (If rural, give location): |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) A. | (Middle) Oscar | (Last) Heiner | 4. DATE OF DEATH | (Month) March (Day) 22 (Year) 1949 |
| 5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Mar.9,1877 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months. Days; If under 24 hrs.: Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY? NS | | |
| 13. FATHER'S NAME: Oliver Heiner | | 14. MOTHER'S MAIDEN NAME: Fannie Correll | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No.: none | 17. INFORMANT: Mrs.Oscar Heiner | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) arteriosclerotic heart disease — about 3 years

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from May 30, 1947, to Mar 22 1949, that I last saw the deceased alive on Mar 21, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. Reese Wilkins Westminster Md

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Mar 24,1949 | NAME OF CEMETERY OR CREMATORY: St.Matthew's | LOCATION (City, town, or county) (State): Pleasant Valley ,Md. |
| DATE REC'D BY LOCAL REG.: 3/23/49 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: C.O.FUSS & SON | ADDRESS: Taneytown,Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02534

Reg. Dist. No. 70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Olive (Middle) P. (Last) Hess

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 25, 1889

9. AGE last birthday: 59 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Pennell

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Mary E Coleman Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Carroll C. Hess

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cancer of the lung and larynx | 6 Mos. |
| 170 Antecedent cause(s) | | |
| 50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cancer of the Breast | 5 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1945

19b. MAJOR FINDINGS OF OPERATION: Cancer of breast - Mastectomy - Radical

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14, 1949, to 3/17, 1949, that I last saw the deceased alive on 3/16, 1949, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE: R. S. McVaugh (Degree or title) M.D. ADDRESS: Taneytown, Md. DATE SIGNED: 3/19/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Mar. 20, 1949
NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REG.: March 19, 1949
REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR: C.O. Fuss & Son
ADDRESS: Taneytown, Md.

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02535

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 4 mos. 1 day | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wayside |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim | STREET ADDRESS (If rural, give location) |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) JOHN | (Middle) RICHARD | (Last) HILL | 4. DATE OF DEATH | (Month) March | (Day) 7 | (Year) 1949 |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Nov., 7, 1919 | 9. AGE last birthday 29 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Charles, County, Md. | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13. FATHER'S NAME JOHN HILL | 14. MOTHER'S MAIDEN NAME LORETTA TOY | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Deceased | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | Sept., 1, 1948 |
| 002 Antecedent cause(s) | | |
| 13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Nov., 6, 1948, to Mar., 7, 1949, that I last saw the deceased alive on Mar., 7, 1949, and that death occurred at 9:05 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Reuben Hoffman, M.D. | | Henryton, Md., | 3/7/49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial | DATE 3/9/49 | NAME OF CEMETERY OR CREMATORY M.E. Shilo, Md. | LOCATION (City, town, or county) (State) New Port, Md |
| DATE REC'D BY LOCAL REG. 3/7/49 | REGISTRAR'S SIGNATURE Albert R. Swankham Deputy Local | 24. FUNERAL DIRECTOR Hunt & Ryon | ADDRESS Waldorf, Md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02536

# CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Maryland (Rural) Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester (Rural) LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester Rural
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) MAGGIE (Middle) ELIZABETH (Last) HOSSLER

4. DATE OF DEATH (Month) Mar (Day) 4 (Year) 1949

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Nov 23-1899 | 9. AGE last birthday 49 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY ✓ | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John W. H. Lambert | 14. MOTHER'S MAIDEN NAME Sarah A. C. Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No | 16. SOCIAL SECURITY No. ✓ | 17. INFORMANT William Hossler - Manchester Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning - Suicide

975 Antecedent cause(s)

164b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm | (CITY OR TOWN) W Manchester | (COUNTY) Carroll | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred about 12 n.m., from the causes and on the date stated above.

SIGNATURE James T Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 3-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar 7-1949 | NAME OF CEMETERY OR CREMATORY Manchester | LOCATION (City, town, or county) Carroll Co Md (State)

DATE REC'D BY LOCAL REG. Mar 4/49 | REGISTRAR'S SIGNATURE Mrs. H. R. J. Dennee | 24. FUNERAL DIRECTOR Edw C Tipton Hampstead Md. ADDRESS

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RECEIVED
MAR 14 1949
BUREAU V. S.

02537

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 81.

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Farquhar

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Farquhar St.

3. NAME OF DECEASED (Type or Print) (First) BERTHA (Middle) F. (Last) HOUGH

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH July 4-1869
9. AGE last birthday 79 yrs. If under 1 year Months 8 Days 11 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Frederick County, Md
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Warwick Hough
14. MOTHER'S MAIDEN NAME Susanna Farquhar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Eleanor Hough

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE James T. March, Deputy Medical Examiner (Degree or title) ADDRESS Westminster Md DATE SIGNED Mar 15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/18/49
NAME OF CEMETERY OR CREMATORY Friends Cemetery
LOCATION (City, town, or county) Union Bridge, Md (State)

DATE REC'D BY LOCAL REG. Mar 16, 1949
REGISTRAR'S SIGNATURE P. Eichman Deputy
24. FUNERAL DIRECTOR W. D. Hartzler & Sons ADDRESS Union Bridge & New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
APR 9 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

02538

Reg. Dist. No. 7L

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45

**1. PLACE OF DEATH:**
County Carroll
City or town Rural, Westminster
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 Years
Hospital, institution, or street address where death occurred:
Westminster District, Westminster R.D.2
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Carroll
City or town Rural, Westminster
(If outside city or town limits, write RURAL and give nearest town)
Street No. Westminster District, Westminster R.D.2
(If rural, give LOCATION)
2.(a) If veteran, name war

**3.(a) FULL NAME** Harry Long Humbert

**3.(b) Social Security Number** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Widowed |

6.(b) Name of husband or wife Florence (Study) Humbert
6.(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) March 5 1872

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 77 | 0 | 6 | ...hrs. ...min. |

9. Birthplace Carroll County, Md.
(Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business Farm (Retired)

FATHER
12. Name William Humbert
13. Birthplace Carroll County, Md.

MOTHER
14. Maiden name Eva Wentz
15. Birthplace Carroll County, Md.

16. Informant Ralph T Humbert
Address Westminster, Md. R. D. 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/13/49 (month) (day) (year)
Cemetery or crematory Baust Church Cemetery
Location Near Taneytown, Carroll Co. Md.

18. Funeral director J. W. Littlestown
Address Littlestown, Pa. Per - R.A. Little

19. 3/12 19 49 (Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION** A.

20. DATE OF DEATH March 11 19 49 at 7:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November, 1947 to March 11 1949 and that I last saw him alive on March 11 1949

| Immediate cause of death | DURATION |
|---|---|
| Coronary occlusion | 3 hrs. |
| Due to Arterio Sclerosis General | 3 yrs. |
| Due to Chronic myocarditis | |
| Due to 420.1 932 | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Westminster Md. Date signed 3/11/49

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH BC

2411 N. Charles Street, Baltimore

02539

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 1 mo., 15 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Tuberculosis Sanatorium | STREET ADDRESS (If rural, give location) 1015 W. Lexington Street ✓ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) JAMES | (Middle) Seymour | (Last) JOHNSON | 4. DATE OF DEATH | (Month) March (Day) 19, (Year) 1949 |
| 5. SEX Male | 6. COLOR OR RACE Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH March ?, 1895 | 9. AGE last birthday 53 yrs. | If under 1 year Months. Days; If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Carroll County, Maryland | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. FATHER'S NAME James Johnson | 14. MOTHER'S MAIDEN NAME Alice Seynor | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W. 1 | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Deceased | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Jan., 1948

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Feb. 4, 1949, to March 19, 1949, that I last saw the deceased alive on Mar. 19, 1949, and that death occurred at 11: p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Reuben Hoffman, M.D. | | Henryton, Maryland | 3/19/49 |

| | | | | |
|---|---|---|---|---|
| 23. BURIAL CREMATION REMOVAL (Specify) | DATE Mar 24, 1949 | NAME OF CEMETERY OR CREMATORY Balto National Cemetery | LOCATION (City, town, or county) Baltimore | (State) Md |

| | | | |
|---|---|---|---|
| DATE REC'D BY LOCAL REG. 3/19/49 | REGISTRAR'S SIGNATURE Albert R. Swankhouse | 24. FUNERAL DIRECTOR (Mrs) Katie R. Williams - Schroeder St. Balto, Md. | ADDRESS 322 N |

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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RECEIVED
MAR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02540

# CERTIFICATE OF DEATH

Reg. Dist. No. 7/6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY: CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER
LENGTH OF STAY (in this place): 65 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 127 E. GREEN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WESTMINSTER
STREET ADDRESS (If rural, give location): 127 E. GREEN ST.

3. NAME OF DECEASED (Type or Print): (First) HENRIETTA (Middle) (Last) JORDAN

4. DATE OF DEATH: (Month) MARCH (Day) 17 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: FEB. 9. 1864

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MORDECAI V. BORING

14. MOTHER'S MAIDEN NAME: ELIZA A. BURNS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: J. LELAND JORDAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause (422.1) | (a) Chronic Myocarditis (Auricular Fibrillation) decompensation | 2 yrs |
| Antecedent cause(s) (938) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arterio Sclerosis (General) | 5 yrs |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6 1949., to March 16 1949., that I last saw the deceased alive on March 16., 1949 and that death occurred at 3:00 A: m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Glenn Speicher M.D. Westminster Md 3/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Mar. 19. 1949 — NAME OF CEMETERY OR CREMATORY: WESTMINSTER — LOCATION (City, town, or county): WESTMINSTER — (State) MD

DATE REC'D BY LOCAL REG. 3/18/49 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J. FRANCIS REESE — ADDRESS: WESTMINSTER, MD.

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02541

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

M — The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

VS. A15

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville; LENGTH OF STAY (In this place): since 3/5/41; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): 307 Arch Street ✓ |

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| | Herschel | H. | KEPLINGER | Mar. | 7 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | married | 6/22/1904 | 44 yrs. | — | — | — | — |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laborer | -- | West Virginia | United States |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Lafayette Keplinger | Laura Cosner |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| unkn. | unkn. | unknown | Records of Springfield State Hospital |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 15 minutes |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) General paralysis of the insane | more than 8 years. |
| | (c) Syphilis | same as above. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| --- | --- | Yes ☑ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| ---- | --- | --- | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| --- m. | --- | --- |

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to March 7, 1949, that I last saw the deceased alive on March 7, 1949, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Martin Gross M. D. | Martin Gross, M. D. | Sykesville, Maryland | 3/7/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Mar. 10, 1949 | McDonald Cem. | Hagerstown, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar 8, 1949 | C. Stanley Keefer | H.D. Light | Cumberland, Md. |

RECEIVED
MAR 10 1949
BUREAU V. S.

02542

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH:**
County: Carroll
City or town: New Windsor Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Carroll
City or town: New Windsor Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

**3.(a) FULL NAME:** Clara Stem Kiler

**3.(b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| female | white | married |

6.(b) Name of husband or wife: Edgar C Kiler
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 6 - 1891

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 57 | 10 | 1 | hrs. min. |

9. Birthplace: Union Bridge, Maryland (Town, county, and state)
10. Usual occupation: housewife
11. Industry or business
FATHER 12. Name: David Stem
13. Birthplace: Maryland
MOTHER 14. Maiden name: Rosa Schaninger
15. Birthplace: Maryland
16. Informant: Edgar C Kiler
Address: New Windsor, Md R D
17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 9-1949 (month) (day) (year)
Cemetery or crematory: Lama Creek Brethren
Location: New Windsor Rural
18. Funeral director: D D Hartzler & Sons
Address: New Windsor & Union Bridge, Md
19. 3-7-1949 (Date rec'd by registrar) E M Fowler Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: March 7 1949 at 4:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1947 to March 1949
and that I last saw h. on alive on March 3 1949

| Immediate cause of death | DURATION |
|---|---|
| Cerebral hemorrhage | |
| Due to: Hypertension | |
| Due to: Hypertrophied heart | |
| Other conditions: Fibroids of uterus | |

(Include pregnancy within 3 months of death)

443
95c

Major findings of operations: —
Date of op.
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Darlus Clapsaddle M.D. M. D. or other
Address: Westminster Md Date signed: Mar 7/49

VS A15 9-45-15M

RECEIVED
MAR 12 1949
BUREAU V. S.

02543

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 2yrs., 3mo. 17da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland Tuberculosis San.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland
COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.F.D. Centerville
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED (Type or Print)**: (First) NETTIE ROSETTA (Middle) KILSON (Last)

**4. DATE OF DEATH**: (Month) March (Day) 20, (Year) 1949

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. |
|---|---|---|---|---|---|---|
| Female | Colored | Widow | March 13, 1900 | 49 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farm Work | | Centerville, Maryland | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Steve Kilson | Alice Pinder |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | None | Deceased |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 13 b

**Immediate cause** (a) Pulmonary Tuberculosis — Dec., 1939

**Antecedent cause(s)**
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Dec. 3, 1946, to March 20, 1949, that I last saw the deceased alive on Mar. 20, 1949, and that death occurred at 2:20 a. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Reuben Hoffman, M.D. | | Henryton, Maryland | 3/20/49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3-22-49 | Roesville Cemetery | Roesville, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/20/49 | Albert R. Brookhart | Edgar L. Page, | Church Hill, Md. |

Deputy Local

RECEIVED
MAR 24 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02544

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY: Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 21 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-2- |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatoruim | STREET ADDRESS (If rural give location): 1102-E. Pratt St., ✓ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) EUGENE | (Middle) BUCK | (Last) KINSEY | 4. DATE OF DEATH | (Month) Mar., (Day) 25, (Year) 1949 |
| 5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep., | 8. DATE OF BIRTH: Aug., 15,1919 | 9. AGE last birthday: 29 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Orangeburg, S.Carolina | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. FATHER'S NAME: Chink Kinsey | | 14. MOTHER'S MAIDEN NAME: Gracie Thompson | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: 247-16-9841 | 17. INFORMANT: Deceased | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002

13b

Immediate cause (a) Pulmonary Tuberculosis — Sept., 1948

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Mar., 4, 1949, to Mar., 25 1949, that I last saw the deceased alive on Mar., 25, 1949, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Reuben Hoffman, M.D. | | Henryton, Md. | 3/25/49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4/2/49 | NAME OF CEMETERY OR CREMATORY: Mt. Calvary | LOCATION (City, town, or county) (State): Anne Arundel Co. Md. |
| DATE REC'D BY LOCAL REG.: 3/25/49 | REGISTRAR'S SIGNATURE: Albert R. Swankham | 24. FUNERAL DIRECTOR: Elroy F. Wilson | ADDRESS: 1000 Brantley Ave |

Deputy Local

RECEIVED
MAR 30 1949
BUREAU V. S.

Evidence for addition for cause of death

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02545

FILM No. G 120 APR 27 1949

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

M The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

I. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
MARYLAND
LENGTH OF STAY (in this place): since 2/6/45
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2914 Yorkway, Dundalk

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| William | --- | KRATZER | March | 11 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | married | April 12, '08 | 40 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Foreman in factory | --- | Lewis, Pennsylvania | United States |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Frank Kratzer | Ethel Koonsman |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|---|
| unkn. | unkn. | unknown | Records - Springfield State Hospital |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Splenomegaly, splenic necrosis and rupture with leucopenia due to undetermined infection. | 1 day |
| 298.1 Antecedent cause(s) | (b) II Lung tuberculosis, Quiescent | 5 yrs. |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 308 | (c) II General paresis | 4 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| --- | --- | Yes ☑ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| --- | --- | --- | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| --- m. | | --- |

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to March 11, 1949, that I last saw the deceased alive on March 11, 1949, and that death occurred at 12:55 P.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Martin Gross, M.D. Martin Gross, M. D. | Sykesville, Maryland | 3/11/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3-15-49 | Lewistown | Lewistown, Pa. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3-12-49 | C. Harry Weer | Roland L. Fisher | 2112 Dundalk Ave. Dald. Md. |

VS. A15

RECEIVED
MAR 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02546

# CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester (Rural); LENGTH OF STAY (In this place) 2 mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester (Rural); STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) E (Last) LLOYD

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Sept 7 1872

9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Samuel Lloyd

14. MOTHER'S MAIDEN NAME: Mary Stiffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Samuel E Lloyd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Uremia | 2 wks |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardio-Vascular Disease | 15 years |
| | (c) | |

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93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — | (CITY OR TOWN) Sykesville | (COUNTY) Carroll | (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from Dec 5, 1948, to March 8, 1949, that I last saw the deceased alive on March 7, 1949, and that death occurred at 4:15 a.m., from the causes and on the date stated above.

SIGNATURE: Maurice C. Curtis Jr. | (Degree or title) M.D. | ADDRESS Hampstead, Md | DATE SIGNED 3-8-49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE: Mar 10/49 | NAME OF CEMETERY OR CREMATORY: Houcston | LOCATION (City, town, or county): Balto Co | (State): Md

DATE REC'D BY LOCAL REG.: Mar. 9/49 | REGISTRAR'S SIGNATURE: Mrs H. G. S. Denner

24. FUNERAL DIRECTOR: Edw Gipton - Hampstead Md | ADDRESS: —

VS. A15

RECEIVED
MAR 14 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02547

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton, MARYLAND
LENGTH OF STAY (in this place): 4 mos. 23 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Huntington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) [illegible] (Last) Mackall

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Col.

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: July 4, 1899

9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Huntington, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Mackall

14. MOTHER'S MAIDEN NAME: Minnie Gordy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Marie Mackall (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | April, 1948 |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 18 48, 19..., to Mar. 13, 1949, that I last saw the deceased alive on Mar. 13, 1949, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben Hoffman, M.D. ADDRESS: Henryton, Md. DATE SIGNED: 3/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 3-15-49 NAME OF CEMETERY OR CREMATORY: Patapsco LOCATION (City, town, or county) (State): Calvert Co. Md

DATE REC'D BY LOCAL REG. 3/13/49 REGISTRAR'S SIGNATURE: Albert R. Swanbam Deputy Local

24. FUNERAL DIRECTOR: C. E. Sewell ADDRESS: Prince Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

12548

Reg. Dist. No. 76

M — The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

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VS. A15

1. PLACE OF DEATH
COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FINKSBURG
LENGTH OF STAY (in this place): 25 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FINKSBURG
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) ELIAS (Last) MANN

4. DATE OF DEATH: (Month) MARCH (Day) 11 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV. 20, 1895

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TOURIST CAMP

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM MANN

14. MOTHER'S MAIDEN NAME: MINIA BUCKINGHAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If year, give war or dates of service): W. W. I

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: EDW. E. MANN, JR.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot Wound of Head

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Suicide

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Finksburg (COUNTY): Carroll (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 11 - 49 9 a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY occur? Shot gun

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title): James T. Worrall, Dept. Medical Examiner — ADDRESS: Baltimore Md — DATE SIGNED: Nov 11-49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: MAR. 14. 1949 — NAME OF CEMETERY OR CREMATORY: SANDYMOUNT CEM. — LOCATION (City, town, or county): CARROLL CO. — (State): MD.

DATE REC'D BY LOCAL REG.: 3/12/49 — REGISTRAR'S SIGNATURE: H. Cleveland

24. FUNERAL DIRECTOR: J. FRANCIS REESE — ADDRESS: WESTMINSTER, MD.

RECEIVED
MAR 1[illegible] 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02549

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton,
LENGTH OF STAY (in this place) 1 mo. 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt. 4 Box 197 Elkridge,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) ESTELLE (Last) MARTIN

4. DATE OF DEATH: (Month) Mar., (Day) 22, (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.,

8. DATE OF BIRTH: Nov., 10, 1918

9. AGE last birthday: 30 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Elkridge, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John T. Fields

14. MOTHER'S MAIDEN NAME: Emma Conway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Deceased

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Pulmonary Tuberculosis — July, 1947

**Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 7, 19 49 to Mar., 22, 19 49 that I last saw the deceased alive on Mar., 22, 19 49, and that death occurred at 1:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Reuben Hoffman, M. D. — Henryton, Md. — 3/22/49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 3/25/49 — NAME OF CEMETERY OR CREMATORY Mt Auburn Cemetery — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 3/22/49 — REGISTRAR'S SIGNATURE Albert R. Swankland — 24. FUNERAL DIRECTOR Mrs Kate R Wilson — ADDRESS

Deputy Local

RECEIVED
MAR 26 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02550

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton,
LENGTH OF STAY (in this place) 1yr.4mos.24dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural give location) 1028 Hillen Street

3. NAME OF DECEASED (Type or Print) (First) Lawrence (Middle) (Last) Meekins
4. DATE OF DEATH (Month) March (Day) 23 (Year) 1949
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb.24,1891
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Caleb Meekins
14. MOTHER'S MAIDEN NAME Blanche Holmes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 216-01-7146
17. INFORMANT Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | Sept.,1947 |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

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13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct.27, 1947, to Mar. 23, 1949, that I last saw the deceased alive on Mar. 23, 1949, and that death occurred at 4:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuben Hoffman, M.D.
ADDRESS Henryton, Md.
DATE SIGNED 3/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/26/49
NAME OF CEMETERY OR CREMATORY Kent Cem.
LOCATION (City, town, or county) (State) Kent County Va.

DATE REC'D BY LOCAL REG. 3/23/49
REGISTRAR'S SIGNATURE Albert R. Snankham
Deputy Local
24. FUNERAL DIRECTOR Mr. Robt. Elliott & Doucette
ADDRESS 1129 N. Caroline St.

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02551

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 7/10/11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) unknown ✓

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| John | --- | MOMOLA | March | 10 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | white | single | ~~unknown~~ 1883 | 66 ? yrs. | — | — | — | — |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| miner | --- | Austria | Austria |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Unknown | Unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| unknown | unkn. | unknown | Records of Springfield State Hospital |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Bilateral bronchopneumonia | 20 days |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (491, 107) | (b) --- | |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Schizophrenia, hebephrenic type | 37 yrs. |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| --- | --- | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| --- | --- | --- | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| --- | | | m. | | --- |

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to March 10, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Martin Gross, M.D | Martin Gross, M. D. | Sykesville, Maryland | 3/10/49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3/21/49 | Springfield Hospital Cemetery | Sykesville, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/21/49 | C. Harry Weer | C. Harry Weer | Sykesville, Md. |

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02552

Reg. Dist. No. 7-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH
COUNTY Carroll Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, near Westminster
LENGTH OF STAY (in this place) About 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster R.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, near Westminster
STREET ADDRESS (If rural, give location) Littlestown Road

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) ELIZABETH (Last) MORNINGSTAR

4. DATE OF DEATH (Month) March (Day) 22 (Year) 1949

5. SEX female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 18, 1867

9. AGE last birthday 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Ruben Bohn

14. MOTHER'S MAIDEN NAME Alice Want

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT Mrs. Herman A. Smeak, Westminster RD#1 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153

Immediate cause (a) Acute Cardiac Decompensation — Interval Between Onset and Death: 6 hrs

Antecedent cause(s)

146.2

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Intestinal — 8 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1948, to Mar 22, 1949, that I last saw the deceased alive on Mar 22, 1949, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. R Fouty M.D. Westminster Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE March 25. 49

NAME OF CEMETERY OR CREMATORY Meadow Branch Cemetery

LOCATION (City, town, or county) (State) Westminster Md. RD.

DATE REC'D BY LOCAL REG. 3/23/49

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS J. S. Myers Jr.; Westminster Md.

RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02553

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (In this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Woodlawn
STREET ADDRESS (If rural give location) ✓

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| William | Daniel | Mullineaux | 3 | 18 | 19 49 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE Last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | married | 3/17/1873 | 76 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farm Hand, Gardener | Farm | Maryland | U.S.A |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Joshua Mullineaux | Sarah Ann Nicholson |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|---|
| no | | | Springfield Hosp. Records |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| Immediate cause (a) Cerebral Hemorrhage | 3 days |
| 331 Antecedent cause(s) | more than 1/2 yr |
| 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteroschlerosis | |
| (c) Senile Psychosis | more than 2 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| — | — | Yes ☑ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| — | — | — | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| — | | | | | — |

22. I hereby certify that I attended the deceased from 10-15, 1948, to 3-18, 1949, that I last saw the deceased alive on 3-18, 1949, and that death occurred at 4 55 p m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Martin Gross, M.D. | Sykesville, Md. | 3-19-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3/21/49 | Mt. Olivet Cem. | Roslyn Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3-19-49 | C. Harry Edwards | E. W. Lomax | 4616 Liberty Hgts Ave |

RECEIVED
MAR 22 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02554

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton,; LENGTH OF STAY (in this place): 4 mos. 8days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore -1; STREET ADDRESS (If rural give location): 576 W. Preston St., ✓

3. NAME OF DECEASED (Type or Print): (First) MELBA (Middle) LEE (Last) MURRAY

4. DATE OF DEATH: (Month) Mar., (Day) 31, (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 10,1922

9. AGE last birthday: 26 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilmington, N.Carolina

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Fred Barnes

14. MOTHER'S MAIDEN NAME: Lula Manuel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 219-14-245

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: July, 1948

13d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Nov., 23 19 48, to Mar., 31, 19 49 that I last saw the deceased alive on Mar., 31., 19 49., and that death occurred at 4:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben W. Kraus, M.D. ADDRESS: Henryton, Md. DATE SIGNED: 3/31/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 4-7-49 NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county) (State): Currie, N. Carolina

DATE REC'D BY LOCAL REG.: 3/31/49 REGISTRAR'S SIGNATURE: Albert R. [illegible] Deputy Local

24. FUNERAL DIRECTOR: Elroy O Wilson ADDRESS: 1000 Brantley Ave

RECEIVED
APR 11 1949
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02555

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Maurice (Middle) S. (Last) ORRISON

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 28 Nov 1883

9. AGE last birthday: 65 yrs. If under 1 year: Months 3, Days 2, Hours, Min. 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Printing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas S. Orrison

14. MOTHER'S MAIDEN NAME: Mary Lester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT: Records Springfield State Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute Myocarditis | Unk |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 422.2 93d | (b) Chronic Myocarditis with Myocardial degeneration | 7 yrs |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — 6 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sep, 1947, to 3 Mar, 1949, that I last saw the deceased alive on 3 Mar, 1949, and that death occurred at 12:35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Martin Gross M.D. | Sykesville Md | 3-3-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3-5-1949 | NAME OF CEMETERY OR CREMATORY Union | LOCATION (City, town, or county) (State) Lovettsville Virginia

DATE REC'D BY LOCAL REG. Mar. 3, 1949 | REGISTRAR'S SIGNATURE Stanley Kerr

24. FUNERAL DIRECTOR C. A. Tuter | ADDRESS Brunswick Md

RECEIVED
MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH BC

2411 N. Charles Street, Baltimore

02556

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY: Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: |
| CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Sykesville — LENGTH OF STAY (in this place): 10 years, 3 months | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital | STREET ADDRESS (If rural, give location): 816 W. North Avenue ✓ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) (Last) Parsons | | | 4. DATE OF DEATH (Month) March (Day) 23, (Year) 1949 | | |
| 5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: August 11, 1872 | 9. AGE last birthday: 76 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10b. KIND OF BUSINESS OR INDUSTRY: none | | 11. BIRTHPLACE (State or foreign country): Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME: William Urboch | | | 14. MOTHER'S MAIDEN NAME: Amelia Dobb | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service) | | 16. SOCIAL SECURITY NO.: unknown | 17. INFORMANT: Hospital records | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Chronic myocarditis and myocardial degeneration | 4 months |
| Antecedent cause(s) | (b) | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Generalized arteriosclerosis about | 11 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Psychosis with cerebral arteriosclerosis about | 11 years |

422.1
93d

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 1-2-, 1942, to 3-22, 1949, that I last saw the deceased alive on 3-22, 1949, and that death occurred at 6.35 a.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Irene Holchmann, M.D. | Springfield State Hospital | 3-23-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Mar 25 1949 | Western | Baltimore Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar 23, 1949 | C. Harry Weer | William Cook Jr. | Balto, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

12557

Reg. Dist. No. 76

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 5

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural give location) Route 5

3. NAME OF DECEASED (Type or Print) (First) NOAH (Middle) (Last) PITCHFORD

4. DATE OF DEATH (Month) March (Day) 16 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH March 17, 1877

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad engineer

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) England

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Pitchford

14. MOTHER'S MAIDEN NAME Hannah Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Victor L. Pitchford, Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Colon — Interval between onset and death: 1 year

153 Antecedent cause(s)

46a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 8-1948

19b. MAJOR FINDINGS OF OPERATION Carcinoma Colon

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James T. March Deputy Medical Examiner Westminster Md Mar 16, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE March 16 1949

NAME OF CEMETERY OR CREMATORY Allegheny Cemetery

LOCATION (City, town, or county) (State) Pittsburgh Pa.

DATE REC'D BY LOCAL REG. 3/16/49

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS J. E. Myers Jr. Westminster, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02558

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 7mos. 5days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-2- |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim | STREET ADDRESS (If rural, give location) 1226 E. Chase Street ✓ |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) DORIS | (Middle) ELAINE | (Last) QUARLES | 4. DATE OF DEATH | (Month) Mar., | (Day) 14, | (Year) 1949 |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Dec., 4,1933 | 9. AGE last birthday 15 yrs. | If under 1 year Months. | Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sen Scholar | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Lynchburg, Virginia | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13. FATHER'S NAME Harry Quarles | 14. MOTHER'S MAIDEN NAME Erma Moore | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Deceased | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | May, 1948 |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Aug., 9, 1948, to Mar., 14, 1949 that I last saw the deceased alive on Mar., 14, 1949 and that death occurred at 3:25 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Reuben Hoffman | M.D. | Henryton, Md. | 3/14/49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) | DATE 3-18-49 | NAME OF CEMETERY OR CREMATORY Lynchburg | LOCATION (City, town, or county) Lynchburg, (State) Va |
| DATE REC'D BY LOCAL REG. 3/14/49 | REGISTRAR'S SIGNATURE Albert R. Swankhaus | 24. FUNERAL DIRECTOR Mrs. Robt. Elliott | ADDRESS 1129 N. Caroline St |

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1949
BUREAU V. S.

02559

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mr. Oakland Mills
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Oakland Mills
STREET ADDRESS (If rural give location) Sykesville P.O.

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) S. (Last) Reely
4. DATE OF DEATH (Month) Mar. (Day) 7 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Feb. 14, 1904
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carder
10b. KIND OF BUSINESS OR INDUSTRY Woolen Mills
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Reely
14. MOTHER'S MAIDEN NAME Mary Vaughn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-03-4623
17. INFORMANT Mr Charles Reely

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) myocarditis - chronic - decompensation — 2 yrs

723.0 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) anemia - secondary — 2-5-yrs

(c) Hypertrophic arthritis c̄ ankylosis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-30, 19..., to 3-6-, 1949, that I last saw the deceased alive on 3-5-49, 19..., and that death occurred at 7:35 A.m., from the causes and on the date stated above.

SIGNATURE James G. Saffell (Degree or title) ADDRESS Reisterstown Md DATE SIGNED 3-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 9, 1949
NAME OF CEMETERY OR CREMATORY Old Oakland
LOCATION (City, town, or county) Mr. Oakland Mills (State) Md.
DATE REC'D BY LOCAL REG. Mar 8, 1949
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR C. Harry Weer ADDRESS Sykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1949
BUREAU V. S.

Evidence for change in cause of death

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02560

FILM No. G 12C APR 27 1949

# CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Taneytown | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Taneytown
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|
| Clara | E. | Ridinger | March 15 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widow | May 6, 1860 | 88 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| housework | own home | Maryland | U.S.A?. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John Shoemaker | Catherine E. Beecher |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|
| no | none | Mr. Nevin Ridinger |

## 18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Chronic Nephritis | 10 yrs. |
| 592 Antecedent cause(s) | (b) Arteriosclerosis | 20 yrs. |
| 13la Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Upper respiratory infection | 14 days |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Chronic Myocarditis | 10 yrs. |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | | Yes ☐ No ☒ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| no | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 3/5, 1946, to 3/14, 1949, that I last saw the deceased alive on 3/14, 1949, and that death occurred at 7:45 a. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| R. S. McVaugh | M.D. | Taneytown, Md. | 3/16/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Mar. 17, 1949 | United Brethren Cemetery | Taneytown, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| March 16 | Ethel M. Mehring Local | C.O.Fuss & Son | Taneytown, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 02567 74

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 2 years, 1 months | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: unknown |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital | STREET ADDRESS (If rural give location): |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Riggs | | | 4. DATE OF DEATH (Month) March, (Day) 13 (Year) 1949 | | |
| 5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: 11-11-1892 | 9. AGE last birthday: 56 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: none | | 11. BIRTHPLACE (State or foreign country): Maryland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME: Elisha Riggs | | | 14. MOTHER'S MAIDEN NAME: Elizabeth Ridgely | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | | 17. INFORMANT: Hospital records | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause (a) | Cerebral hemorrhage | 15 minutes |
| Antecedent cause(s) (b) | Arterial hypertension known | 3 years |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | ental deficiency | 56 years |

331

83a

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 12-9-, 1948, to 3-13, 1949, that I last saw the deceased alive on 3-12-, 1949, and that death occurred at 3.15 a.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Irene Hitchman, M.D. | Springfield State Hospital | 3-13-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | March 16 1949 | Oak Grove | Howard C & Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar. 13, 1949 | C. Harry Weer | Roy W. Barber | Lyndonville Md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02562

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge — LENGTH OF STAY (In this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Katharine — (Middle) — (Last) Rosenmerkel

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow — 8. DATE OF BIRTH: Sept. 13-1869 — 9. AGE last birthday: 79 yrs. — If under 1 year: Months 5, Days 26, Hours, Min. — If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper — 10b. KIND OF BUSINESS OR INDUSTRY: At home — 11. BIRTHPLACE (State or foreign country): Cumberland Md — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry O. Rosenmerkel — 14. MOTHER'S MAIDEN NAME: Margaret Englebrecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT: George A. Roelke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1949, to Mar 11, 1949, that I last saw the deceased alive on Mar 11, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE J. D. Martin — (Degree or title) M.D. — ADDRESS Union Bridge — DATE SIGNED Mar 11.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 3/14/49 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REG. March 13, 1949 — REGISTRAR'S SIGNATURE Leslie L. Topper

24. FUNERAL DIRECTOR H. H. Harner & Sons — ADDRESS Union Bridge & New Windsor, Md.

RECEIVED
MAR 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 02563

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uletown; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural; STATE MARYLAND; LENGTH OF STAY (In this place) 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uletown; STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) (Last) Saxton

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 10-1891

9. AGE last birthday: 57 yrs. If under 1 year: Months 7 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Frederick County Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Feldman Blessing

14. MOTHER'S MAIDEN NAME: Julia Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Roy Houck.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Bronchopneumonia | 3 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Upper Respiratory Infection | 4 days |
| | (c) Multiple Sclerosis | 9 yrs |

345
87d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 1941, to 3/14, 1949, that I last saw the deceased alive on 3/14, 1949, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. S. McVaugh M.D. ADDRESS Taneytown, Md. DATE SIGNED 3/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 3/17/49; NAME OF CEMETERY OR CREMATORY National Cemetery; LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 3/15/49; REGISTRAR'S SIGNATURE Richman - Deputy

24. FUNERAL DIRECTOR ADDRESS C. O. Hartley & Sons Union Bridge & New Windsor, Md

RECEIVED
MAR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02564

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural) | LENGTH OF STAY (in this place) 63 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead - Rural
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) OLIVE (Middle) MAY (Last) SIMMONS

4. DATE OF DEATH: (Month) Mar (Day) 11 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Aug 7 - 1885 | 9. AGE last birthday: 63 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W Shaffer | 14. MOTHER'S MAIDEN NAME: Mary E Hively

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT: John Melvin Simmons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral Softening (Embolism) | 6 weeks |
| 416 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 956 | (b) Auricular Fibrillation | 13 years |
| | (c) Rheumatic Heart Disease | Unknown |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1936, to March 11, 1949, that I last saw the deceased alive on March 11, 1949, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Maurice C. Partenfield | M.D | Hampstead, Md | 3/12/49 |

| 23. BURIAL, CREMATION / REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | March 15/49 | Hampstead | Carroll Co | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| March 13, 1949 | John S. Hughes, Jr | Edw C Tipton | Hampstead Md |

VS. A15

RECEIVED
MAR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02565

Reg. Dist. No. 76

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY CARROLL MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CARROLL |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER — LENGTH OF STAY (in this place) 40 YRS | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 163 E. MAIN ST. | STREET ADDRESS (If rural, give location) 163 E. MAIN ST. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) LILLIAN | (Middle) ESTELLE | (Last) STEM | 4. DATE OF DEATH | (Month) MARCH (Day) 22 (Year) 1949 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW | 8. DATE OF BIRTH SEPT. 22, 1874 | 9. AGE last birthday 74 yrs. | If under 1 year Months. Days; If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | 10b. KIND OF BUSINESS OR INDUSTRY NONE | 11. BIRTHPLACE (State or foreign country) MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME JAMES FRIST | 14. MOTHER'S MAIDEN NAME HARTZELL | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) — | 16. SOCIAL SECURITY No. NONE | 17. INFORMANT MARGUERITE STEM | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 331 Immediate cause 2nd | (a) Cerebral hemorrhage | about 1 hr |
| Antecedent cause(s) | (b) arteriosclerosis | 5 or 6 yrs + |
| 94 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) 1st cerebral hemorrhage & hemiplegia | 3 weeks |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Occassional angina pectoris attacks | 1 1/2 yrs. |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from May 1, 1941, to Mar 22, 1949, that I last saw the deceased alive on Mar 17, 1949, and that death occurred at 3:27 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| A. Reese Wilkens | M.D | 78 W Main St Westminster | 3/22 |

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE MAR. 24. 1949 | NAME OF CEMETERY OR CREMATORY WESTMINSTER | LOCATION (City, town, or county) WESTMINSTER | (State) MD. |
| DATE REC'D BY LOCAL REG. 3/22/49 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR J. FRANCIS REESE | ADDRESS WESTMINSTER, MD. | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02566

# CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton; LENGTH OF STAY (in this place) 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford, [illegible]; STREET ADDRESS (If rural, give location) Box 258

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Ethel | Curtis | Thomas | March | 11, | 19 49 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months. | Days | If under 24 hrs. Hours | Mln. |
|---|---|---|---|---|---|---|---|---|
| Female | Colored | Married | Jan., 7, 1923 | 26 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oxford, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ralphael Curtis

14. MOTHER'S MAIDEN NAME: Mary Downs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-14-2732

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Jan., 1949

Antecedent cause(s)

002

131

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 14, 1949, to March 11, 1949, that I last saw the deceased alive on Mar., 11, 1949, and that death occurred at 2:10 P. m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Reuben Hoffman, M.D. | Henryton, Md. | 3/11/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Mar. 14-49 | Oxford md | Oxford Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/11/49 | Albert R. Smithson | Leon W. Henry Easton md. | |

Deputy Local

VS. A15

RECEIVED
MAR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02567

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 9yr, 6mos, 5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1500 Hollbrook

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) W (Last) Trageser

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/29/14

9. AGE last birthday: 34 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Memmel

14. MOTHER'S MAIDEN NAME: Anna Dwyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis — 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 002 138

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paranoid schizophrenia — 9½ yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 1949, to March 5, 1949, that I last saw the deceased alive on March 5, 1949, and that death occurred at 10:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph H. Marshall, M.D. Springfield State Hospital 3-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3-9-49 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Belair Road, Balto: Md.

DATE REC'D BY LOCAL REG. 3/8/49 | REGISTRAR'S SIGNATURE C. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: George J. Roth Inc., 1735 Hanford Ave

M — The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

Evidence for changing #18 on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

cc / 02568

FILM No. G 120 APR 27 1949

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

VS. A15

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Sykesville — LENGTH OF STAY (in this place) 15 yrs. 9 mos. 19 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital | STREET ADDRESS (If rural give location) 692 Washington Blvd. ✓ |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Henry | B. | Twist | March | 6 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | Married | 7-15-84 | 64 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Brakeman | Railroad | Baltimore, Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Henry B. Twist | Mary Logue |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | | Hospital records |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| Immediate cause (a) Carcinoma of stomach | 2 |
| Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | |
| (c) II Pulmonary Tuberculosis | 7½ yrs. |
| II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Paranoid reaction in a chronic alcoholic | 16 yrs. |

151
46.2

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☑ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from March, 1946, to March 6, 1949, that I last saw the deceased alive on March 6, 1949, and that death occurred at 12:50 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Joseph H. Marshall | M.D. | Springfield State Hospital | 3-7-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3/9/49 | Baltimore Cemetery | North Ave. & Rose St. Balto. Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 3/8/49 | A. W. Hagerich | Schimunek Funeral Home, Inc. 2601-3 5 E. Madison St. |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02569

# CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harney
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harney
STREET ADDRESS: — (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Rosa | E | Valentine | March | 22. | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | W | Widow | Oct. 27, 1855 | 93 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| housework | | Md | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Samuel G. Ohler | Adelaine Rowe |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | none | Mrs. Harry L. Cluts |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Chronic myocardial disease — 10 yrs

**Antecedent cause(s)**

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 3-22-49, to 3-22-49, that I last saw the deceased alive on 3-22-49, and that death occurred at 2 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Donald B Reaver | | Pleasant Valley, Md | 3-23-49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 3/25/49 | Lutheran | Harney | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| March 25, 1949 | Ethel M Melvin | C.O. FUSS & SON | Taneytown, Md. |

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02570

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, Maryland
LENGTH OF STAY (in this place) 2yrs: 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
STREET ADDRESS (If rural, give location) 311 N. Stricker St

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Edgar (Last) Wade

4. DATE OF DEATH (Month) March (Day) 11 (Year) 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1/3/'89

9. AGE last birthday 60 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Charles County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Hidlary Wade

14. MOTHER'S MAIDEN NAME Nancy Edelelan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | May 5,1946 |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

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13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1947, to Mar. 11, 1949, that I last saw the deceased alive on Mar. 11, 1949, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE Reuben Hoffman, M.D. (Degree or title) ADDRESS Henryton, Maryland DATE SIGNED 3/11/49

23. ~~BURIAL, CREMATION REMOVAL~~ (Specify) Burial DATE 1/15/49 NAME OF CEMETERY OR CREMATORY Bryantstown Md LOCATION (City, town, or county) Charles County, Md (State)

DATE REC'D BY LOCAL REG. 3/11/49 REGISTRAR'S SIGNATURE Albert R. Swankham

24. FUNERAL DIRECTOR Geo. G. Kelson ADDRESS 1303 Prestman St.

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 16 1949
BUREAU V. S.

02571

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

BC Reg. Dist. No. 7X

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 11 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital | STREET ADDRESS (If rural, give location): 3628 Park Heights Avenue ✓ |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Helen | (Middle) | (Last) Wahl | 4. DATE OF DEATH | (Month) March (Day) 31 (Year) 1949 |
| 5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: 8/24/04 | 9. AGE last birthday: 44 yrs. | If under 1 year: Months 7, Days 6; If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dependent | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. FATHER'S NAME: William F. Wahl | | 14. MOTHER'S MAIDEN NAME: Unknown | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: William F. Wahl | | | |

## 18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary thrombosis | 1 hr. |
| 422.2 Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic myocarditis | 5 yrs. |
| | (c) Epilepsy | 20 yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Sept. 29, 1937, to Mar. 31, 1949, that I last saw the deceased alive on Mar. 31, 1949, and that death occurred at 8:10 a.m. from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| W. F. Mastin | M.D. | Sykesville Md | 3/31/49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): burial | DATE: 4/2/49 | NAME OF CEMETERY OR CREMATORY: Woodlawn | LOCATION (City, town, or county) (State): Woodlawn, Md. |
| DATE REC'D BY LOCAL REG.: 4/1/49 | REGISTRAR'S SIGNATURE: A W Hedrick Dm | 24. FUNERAL DIRECTOR: Lassahn Funeral Home | ADDRESS: 7401 Belair Rd. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

02572

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY: Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Balto. |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton, LENGTH OF STAY (in this place): 4mos. 7days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-22 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatoruim | STREET ADDRESS (If rural, give location): 300-Bittern Court |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) ROBERT | (Middle) GEORGE | (Last) WASHINGTON | 4. DATE OF DEATH (Month) MAR. (Day) 12, (Year) 1949 |
| 5. SEX: Male | 6. COLOR OR RACE: Col., | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep. Wed | 8. DATE OF BIRTH: July 30, 1904 | 9. AGE last birthday: 44 yrs. If under 1 year: Months. Days If under 24 hrs.: Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Aberdeen, Mississippi | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME: Bob Washington | | 14. MOTHER'S MAIDEN NAME: Iomi Morgan | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Deceased | | |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | Mar., 1948 |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

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13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Nov., 5, 1948, to Mar., 12, 1949, that I last saw the deceased alive on Mar., 12, 1949, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Reuben Hoffman, M.D. | | Henryton, Md. | 3/12/49 |

| | | | |
|---|---|---|---|
| 23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE: 3-16-49 | NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem. | LOCATION (City, town, or county): Baltimore (State): Md. |
| DATE REC'D BY LOCAL REG. 3/12/49 | REGISTRAR'S SIGNATURE: Albert R. Swankham Deputy Local | 24. FUNERAL DIRECTOR: Charles R. Law - 802 Madison Ave per ELL | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 22 1949
BUREAU V. S.

02573

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 76

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY Carroll MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Carroll |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster — LENGTH OF STAY (in this place) 43 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Liberty St. | STREET ADDRESS (If rural, give location) 115 Liberty |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Ruffina | (Middle) Elizabeth | (Last) Weigle | 4. DATE OF DEATH | (Month) March (Day) 14 (Year) 1949 |
| 5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow | 8. DATE OF BIRTH Oct. 10, 1873 | 9. AGE last birthday 75 yrs. | If under 1 year Months. Days; If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Penna. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME John Trostle | | 14. MOTHER'S MAIDEN NAME Elizabeth Pfoutz | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Miss Edith Weigle | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis (chr) Nephritis (acute)

422.2 Antecedent cause(s)

73d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☑ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 3-1-, 1949, to 3-14, 1949, that I last saw the deceased alive on 3-13-, 1949, and that death occurred at 10:48 a. m., from the causes and on the date stated above.

SIGNATURE W. C. Jennette (Degree or title) md, ADDRESS Westminster Md, DATE SIGNED

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar. 17, 1949 | NAME OF CEMETERY OR CREMATORY Meadow Branch Cem. | LOCATION (City, town, or county) Westminster, R.D. (State) Md. |
| DATE REC'D BY LOCAL REG. 3/15/49 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR H Bankard & Son, Westminster, Md. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 02574

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 6 years, 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2825 W. North Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) K. (Last) Wicks
4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1949

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3-25-1873
9. AGE last birthday: 75 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Kinley
14. MOTHER'S MAIDEN NAME: Eliza Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 516-643-452
17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis and myocardial degeneration — 2 months

Antecedent cause(s)

422.1 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Generalized arteriosclerosis known — 6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 7 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-23, 1948, to 3-9-, 1949, that I last saw the deceased alive on 3-9-, 1949, and that death occurred at 10.10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irene Hitchman, M.D.
ADDRESS: Springfield State Hospital
DATE SIGNED: 3-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3/12/49
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 3/11/49
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS
ADDRESS: Balto., Md.

Evidence for change on cause of death

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 APR 27 1949

# CERTIFICATE OF DEATH

Reg. Dist. No. 025774

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 10/22/46
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: --- Walkersville
STREET ADDRESS (If rural, give location): Route #1

**3. NAME OF DECEASED** (Type or Print): (First) Garland (Middle) David (Last) YOUNG

**4. DATE OF DEATH**: (Month) March (Day) 15 (Year) 1949

**5. SEX**: male

**6. COLOR OR RACE**: white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): married

**8. DATE OF BIRTH**: Sept. 24, 1865

**9. AGE last birthday**: 83 yrs. If under 1 year: Months. — Days — If under 24 hrs.: Hours — Mln. —

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**: Farming

**11. BIRTHPLACE** (State or foreign country): Garrett County, Maryland

**12. CITIZEN OF WHAT COUNTRY?**: United States

**13. FATHER'S NAME**: Andrew Jackson Young

**14. MOTHER'S MAIDEN NAME**: Sarah Sutford, (Sutfustin)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): unknown
(If year, give war or dates of service): unknown

**16. SOCIAL SECURITY NO.**: unknown

**17. INFORMANT**: Records - Springfield State Hospital

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Arteriosclerosis - Underlying Cause of death (4/26/49 MS.) | 3 yrs. |
| Antecedent cause(s) 450.0 | Prostata hypertrophy | about 5 yrs. |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 97 | (b) Bronchopneumonia (hypostatic) | 1½ days |
| | (c) Senile psychosis, simple deterioration. | about 5 yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**: ---

**19b. MAJOR FINDINGS OF OPERATION**: ---

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify): ---

**PLACE** (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---
(CITY OR TOWN): ---
(COUNTY)
(STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour): ---
m.

**INJURY OCCURRED** While at Work ☐ Not While At work ☐

**HOW DID INJURY OCCUR?**: ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to March 15, 1949, that I last saw the deceased alive on March 15, 1949, and that death occurred at 2:05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M.D. — ADDRESS: Sykesville, Maryland — DATE SIGNED: 3/15/49

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial
DATE: Mar. 17 1949
NAME OF CEMETERY OR CREMATORY: Chapel Cem.
LOCATION (City, town, or county): Frederick Co. (State): Md.

DATE REC'D BY LOCAL REG.: Mar. 15, 1949
REGISTRAR'S SIGNATURE: Harry Keen

**24. FUNERAL DIRECTOR**: G. C. Baston, Walkersville, Md.
ADDRESS

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MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 02576

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton, Maryland
LENGTH OF STAY (in this place): 3 Mo., 19 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 17,
STREET ADDRESS (If rural, give location): 603 N. Monroe Street ✓

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) CORNELIA (Last) YOUNG

4. DATE OF DEATH: (Month) March (Day) 6, (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3/15/'15

9. AGE last birthday: 33 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wakefield, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Odell Springfield

14. MOTHER'S MAIDEN NAME: Annie Hargrove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — June, 1948

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

002 130

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 19 48, to Mar. 6, 19 49, that I last saw the deceased alive on Mar. 6, 19 49, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Reuben Hoffman, M.D. — Henryton, Maryland — 3-6-'49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-10-'49 — NAME OF CEMETERY OR CREMATORY: Wakefield — LOCATION (City, town, or county) (State): Wakefield, Virginia

DATE REC'D BY LOCAL REG. 3-6-'49 — REGISTRAR'S SIGNATURE: Albert R. Swankhouser, Deputy Local — 24. FUNERAL DIRECTOR — ADDRESS: Maurice H. Heindel, 518 W. Biddle St

RECEIVED
MAR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02577

Reg. Dist. No. 4-76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) 1 mo. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Manchester Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Westminster
STREET ADDRESS (If rural, give location) ½ mile on Old Manchester Road

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Larry | Glenn | Leitz | March | 28 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M. | W. | Single | Feb. 2 1949 | yrs. | 1 | 26 | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Westminster, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles A. Leitz

14. MOTHER'S MAIDEN NAME Nellie H. Yingling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Charles A. Leitz, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| None | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from 3-28-, 1949, to 3-28, 1949, that I last saw the deceased alive on 3-28, 1949, and that death occurred at 11:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. C. Jennette MD. Westminster Md. 3-29-49

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | March 30 49 | Warfieldsburg Cemetery | Warfieldsburg, Carroll Co. Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| 3/31/49 | [signature] | J. E. Myers, Jr. Westminster, Md. |

RECEIVED
MAR 31 1949
BUREAU V. S.